



ITEM 2173 \$ +

TRANSMITTAL FORM

(to be used for all correspondence during pendency of filed application)

		Application Number	10/006,332
		Filing Date	November 30, 2001
		First Named Inventor	Christopher Johns
		Group Art Unit Number	2173
		Examiner Name	Cao H. Hguyen
Total Number of Pages in This Submission	22	Attorney Docket Number	16010-06209

ENCLOSURES (check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate)
<input checked="" type="checkbox"/> Check Enclosed | <input type="checkbox"/> Issue Fee Transmittal |
| <input checked="" type="checkbox"/> Return Receipt Postcard | <input type="checkbox"/> Letter to Chief Draftsperson |
| <input type="checkbox"/> Response to Notice to File Missing Parts | <input type="checkbox"/> Formal Drawing(s):
[] Sheet(s) of Figure(s) [] |
| <input type="checkbox"/> Assignment & Recordation Cover Sheet | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Declaration | <input type="checkbox"/> Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Certified Copy of Priority Document(s) |
| <input type="checkbox"/> Application Data Sheet | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A
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| <input type="checkbox"/> Request for Corrected Filing Receipt | |
| <input type="checkbox"/> Request for Correction of Recorded Assignment | |
| <input checked="" type="checkbox"/> Amendment/Response: [19] Page(s)
<input type="checkbox"/> After Final | |
| <input type="checkbox"/> Status Request | |
| <input type="checkbox"/> Revocation and Substitute Power of Attorney | |

REMARKS:

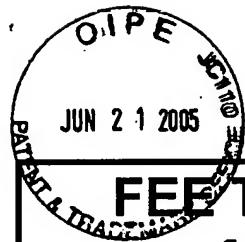
SIGNATURE OF ATTORNEY OR AGENT

Signature:			
Attorney/Reg. No.:	David K. Varn, Reg. No. 53,718	Dated:	June 16, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.

Signature:			
Typed or Printed Name:	David K. Varn	Dated:	June 16, 2005
Express Mail Mailing Number (optional):			



JUN 21 2005

**FEET TRANSMITTAL
for FY 2005**

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**200.00**

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<i>Complete if Known</i>	
Application Number	10/006,332
Filing Date	November 30, 2001
First Named Inventor	Christopher Johns
Examiner Name	Cao H. Nguyen
Art Unit	2173
Attorney Docket No.	16010-06209

METHOD OF PAYMENT (check all that apply)

- Check Credit Card Money Order Other None
 Deposit Account:

Deposit Account Number

19-2555

Deposit Account Name

Fenwick & West LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
- Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application
- Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity | Small Entity

SUBTOTAL (1)

(S)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims .	40	-36** =	4 x 50	= 200
Independent Claims	4	-4** =	0 x 200	= 0
Multiple Dependent				=

Multiple Dependent

Large Entity Fee	Small Entity Fee	Fee Description
Code	Code	
(\$)	(\$)	
1202 50	2202 25	Claims in excess of 20
1201 200	2201 100	Independent claims in excess of 3
1203 360	2203 180	Multiple dependent claim, if not paid
1204 200	2204 100	**Reissue independent claims over original patent
1205 50	2205 25	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

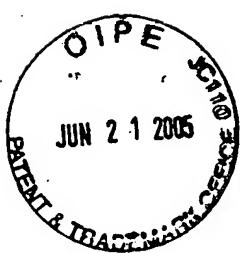
| (\$) 200

...or number previously paid, if greater: For Reissues, see above

•Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**0**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	David K. Varn	Registration No. (Attorney/Agent)	53,718	Telephone (650) 335-7183
Signature		Date	June 16, 2005	



IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Christopher Johns and Peter Kolbus
SERIAL NO.: 10/006,332
FILING DATE: November 30, 2001
TITLE: Reformatting Messages Introduced into a User Interface
EXAMINER: Cao H. Nguyen
GROUP ART UNIT: 2173
ATTY. DKT. NO.: 16010-06209

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:

Dated: JUNE 16, 2005

By: David Varn

David Varn, Reg. No. 53,718

MAIL STOP AMENDMENT
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450

AMENDMENT B AND RESPONSE UNDER 37 C.F.R. § 1.111

Sir:

This amendment for the patent application identified above is in response to the Office Action dated March 16, 2005, which set a shortened statutory period for response that expires on June 16, 2005.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims begin on page 3 of this paper.

Remarks begin on page 13 of this paper.

Kindly amend this application as indicated herein.

06/22/2005 DEMMANU1 00000005 10006332

01 FC:1202

200.00 DP

Case 16010-06209 (Amendment B)
U.S. Serial No. 10/006,332